

Laboratory and Billing notification

PI/CF

ADDRESS:

PHONE:

E-MAIL:

Report notification and Invoice:

e-mail fax mail

Owner: _____ Pathologist/veterinary: _____

Patient - name: _____ ID _____

Species : dog cat Breed: _____

Age/date of birth: _____ M (male) F (female)

URGENCY (genetic analysis): report within 5 working days. +30% On the cost of the analysis

Analysis	Type of sample	Origin of the samples
Lymphoid Clonality test (admission) BCR and TCR gene rearrangement <input type="checkbox"/>	Biopsy (fresh or frozen) <input type="checkbox"/>	
	Citology (stained or not) <input type="checkbox"/>	
	Histological (slides already mounted on a glass) <input type="checkbox"/>	
C-kit mutation PCR	Biopsy (fresh or frozen) <input type="checkbox"/>	
	Citology (stained or not) <input type="checkbox"/>	
	Histological (slides already mounted on a glass) <input type="checkbox"/>	
Assessment of Minimal Residual Disease <input type="checkbox"/>	EDTA Blood <input type="checkbox"/>	
	Biopsy (fresh or frozen) <input type="checkbox"/>	
	Citology (stained or not) <input type="checkbox"/>	
	Histological (slides already mounted on a glass) <input type="checkbox"/>	

Mandatory requirements:

In the case of cytologic or histologic samples, suspected lymphocyte population is:

the prevalent population in the slide
or represents a minority population

Cortisonic therapy ongoing recent (in the last month)
Antiblastic therapy ongoing recent (in the last month)

Suggested times for sampling collection:

During the induction phase (please, avoid to collect samples during the nadir)

At the end of the induction phase and then when the patient is in remission/maintenance phase during the re-check controls (once per month)